

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/538546

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
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9						
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11						
12						
13						
14						
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20						
21						
22						
23						
24						
25						
26						
27						
28						
29	1					
30		1				
31		1				
32	1					
33		4				
34	1					
35		1				
36		1				
37	1					
38		4				
39	1					
40		1				
41		1				
42	1					
43	1					
44		1				
45		1				
46	1					
47	1					
48		1				
49		1				
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53						
54		3				
55	1					
56		1				
57		1				
58		1				
59		1				
60		1				
61		6				
62		1				
63		1				
64	1					
65		1				
66		2				
67						
68						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	13	↓		↓		↓
TOTAL DEP.	39	←		←		←
TOTAL CLAIMS	52					